

# Authorization For Release of Confidential Information

## Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

(PLEASE DO NOT ATTACH ANY STAPLES TO THIS FORM)

This information should be addressed to:

**Name of Person Making the Request:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Include Post Office Box and Street Address)

**Telephone Number:** \_\_\_\_\_

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

\_\_\_\_\_  
**Applicant's Name** (print or type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name/Aliases

\_\_\_\_\_  
Race

\_\_\_\_\_  
Age

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

\_\_\_\_\_  
Child's Full Name, DOB, and Social Security Number

**(Please provide the last ten (10) years)**

Present Address:

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

County of \_\_\_\_\_ State of Arkansas Acknowledges before me this \_\_\_\_\_ day of

\_\_\_\_\_ 200\_\_\_\_. My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Updated 06/16/2006